

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyer Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70806, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 01/14/05

LEUPP 01/25/05

AMENDMENT

1041750

1. NAME Baker Joe Wood
Last First MI

2. BUSINESS PHONE 337-582-7843

3. BUSINESS ADDRESS 2338 Pinckney Cemetery Rd Town, La. 70647
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Self-employed

5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name COVANSYS
Address 32405 West Twelve Mile Suite 250 Farmington Hills MI 48334

Business or purpose Computer

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 1-31-05

2005 JAN 14 AM 11:47
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

2005 JAN 26 PM 3:10
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 01/14/05

LEUPP

1041750

1. NAME Berry Jane Wood MI
Last First2. BUSINESS PHONE 337-582-78433. BUSINESS ADDRESS 2338 Pinchill Cemetery Rd. Iowa, La. 70647
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER Self-employed5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name CovansysAddress 32605 West Twelve Mile Suite 250 Farmington Hills MI 48334Business or purpose Computer☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of _____
 2005 JAN 14 AM 11:47
 ETHICS ADMINISTRATION
 CAMPAIGN FINANCE
 RECEIVED

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation

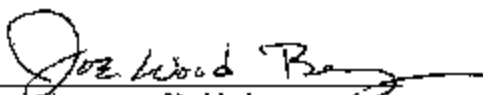
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation

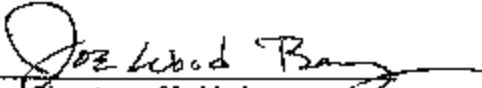
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist